CHILD SURVIVAL AND HEALTH GRANTS PROGRAM
USAID/GH/HIDN/NUT

GUIDELINES FOR MID-TERM EVALUATION

I. OVERVIEW OF EVALUATION

The objective of USAID's Child Survival and Health Grants Program
(CSHGP) is to contribute to sustained improvements in child survival
and health outcomes by supporting the work of U.S. PVOs and their in-
country partners. With USAID's emphasis on managing for results,
program evaluations have become less descriptive and more evidence-
based. At the same time, greater emphasis is encouraged on processes
that will determine the sustainability (and ultimate impact) of the
project's health achievements. The CSHGP has assisted PVOs in
strengthening their program monitoring and in documenting program
achievements so that PVO's can provide credible evidence of
achievements and results. The Mid-term Evaluation (MTE) report that is
written as a result of the evaluation should uniquely be the work of
the lead consultant (or evaluation team leader). The PVO grantee is
encouraged to respond to the findings and recommendations made by the
evaluator, and provide an action plan, and if needed, a revised work
plan, as part of its response.

A. Core Evaluation Practices

CSHGP's evaluation policies reflect a commitment to a set of core
evaluation practices that over the years have proved to be critical
elements in building PVO capacity to monitor and evaluate field
programs. These practices have emerged from the lessons learned
from the programs implemented by PVOs and their partners.

1. **Evaluations are joint activities**. Truly effective learning
   experiences involve all the partners. CSHGP, the PVOs, their
   local partners, and other stakeholders usually participate in
   program evaluations. The participatory nature of the evaluation
   process encourages problem analysis and development of solutions
   by project staff and partners.

2. **Good program design** is the foundation for documenting
   achievements. Programs that have successfully documented their
   achievements have clearly stated objectives, valid indicators and
   a realistic method for measuring change over the life of the
   program. The establishment of accurate baseline data is a
   critical element in tracking change.

3. **Program commitment to the use of data**. The most successful
   programs demonstrate strong staff commitment to regular review of
   project performance data and action planning based on the data.

All good evaluations recognize the achievements of the project and
staff and document innovative activities highlighting promising
practices or new approaches.

B. Purpose of Monitoring and Evaluation System

The BASICS publication, "Child Survival BASICS, Monitoring and Evaluation: Tools for Improving Child Health and Survival," (Quarterly Technical Newsletter #5, Spring 1998), defines monitoring and evaluation as "collecting and analyzing information that is accurate and reliable and can be put to practical use".

1. **Monitoring** involves plotting progress in meeting implementation goals or measuring outputs and process, while;

2. **Evaluation** takes a broader perspective, determining if the course is the best one --- or assessing overall outcome or impact.

For the CSHGP, monitoring and evaluation provide program managers, local partners and USAID with a clear understanding of how the PVO program is functioning; evidence of results that have been achieved, and the importance of these achievements to the design and implementation of future programs. The Detailed Implementation Plan (DIP) describes the monitoring system the PVO intends to use. The evaluations take place at the program mid-term and end, and differ from each other in focus, and in the kinds of information they provide:

3. **The mid-term evaluation** focuses on the process of program implementation. The evaluation uses data and information from the program's monitoring system and other sources to: (a) assess progress in implementing the DIP; (b) assess progress towards achievement of objectives or yearly benchmarks; (c) assess if interventions are sufficient to reach desired outcomes; (d) identify barriers to achievement of objectives; and (e) to provide recommended actions to guide the program staff through the last half of the program.

4. **The final evaluation** is focused on: (a) assessing if the program met the stated goals and objectives; (b) the effectiveness of the technical approach; (c) development of the overarching lessons learned from the project; and (d) a strategy for use or communication of these lessons both within the organization and to partners.

C. The Evaluation Audience

The possible "audiences'" for the information from the program evaluations include the local partners, the PVO, USAID CSHGP and Missions and other stakeholders. However, while CSHGP and its partners share similar evaluation objectives, the information needs of each partner are different.

While the CSHGP monitors the performance of the individual projects, the program also must consolidate information across all projects to report to senior level Agency managers and congressional interest groups about the effectiveness of the PVO Child Survival and Health

Grants Program. Results reporting by the CSHGP are intimately linked to resource allocation. Therefore, clearly presented program results, with supporting evidence, are keys to continued funding of the CSHGP.

D. The Evaluation Process

1. **Participation:** CSHGP encourages the participation of PVO headquarters and field program staff, representatives from project partners, USAID mission staff, government health service personnel and community members in planning and conducting the evaluation. Representatives from other PVOs, USAID Bilateral programs, and other stakeholders (including CAs) may be invited.

2. **Developing the SOW:** The PVO is responsible for developing the Statement of Work (SOW) for the evaluation team. While these Evaluation Guidelines identify a core set of components to be addressed, the PVO tailors the evaluation to its needs with questions that are specific to the program. The information needs and evaluation questions of the primary partners should also be integrated into the evaluation SOW. CSHGP does not need to approve the evaluation SOW.

3. **Team Composition:** The evaluation Team Leader, who serves as the lead author and editor of the evaluation report, should be someone who is not employed by, or otherwise professionally associated with the concerned PVO or the specific child survival program. The PVO identifies a candidate for the Team leader and proposes this to CSHGP for approval prior to the evaluation. The CORE Group, CSTS+ and several PVOs have developed databases of good, proven evaluators of PVO Child Survival and Health Grants Programs. If a grantee has identified another good one, please add this person's name to the lists! Additional team members may include others that the PVO selects from the PVO, its partners, and other organizations.

E. Comments

As these guidelines are updated on an annual basis, the CSHGP is interested in getting feedback from PVOs on the content of these guidelines, specifically, the Technical Instructions. This should guide development of future changes and ensure relevance of the guidelines.

F. Submission Instructions

1. Please complete the Mid-Term Evaluation Report by following the outline provided below.

    a. All annexes should be in English or accompanied with a translation.
    b. Use a 12-point font that is clearly legible.

2. On the Mid-Term Evaluation Report cover page please include the following: Name of PVO, program location (country and district(s)), cooperative agreement number, program beginning and ending dates, date of submission, and (on the cover or on the next page) the names and positions of all those involved in writing and editing the Mid-Term Evaluation Report.

3. The Mid-Term Evaluation Report is due at GH/HIDN/NUT on or before **October 31st**. CSHGP suggests that programs allow sufficient time for fieldwork, writing and editing. Failure to submit a Mid-Term Evaluation Report on time to GH/HIDN/NUT could result in a material failure, as described in 22 CFR 226.61. If there are circumstances beyond the PVO's control that have had an impact on the ability to complete the Mid-Term Evaluation Report on time then contact CSHGP CTO as soon as possible.

4. An updated CSHGP Project Data Form should be included with the MTE Report submission. This form is located on the CSTS+ Project website at www.childsurvival.com and was originally completed by the PVO during the DIP development stage. The information included on this data form is used by the CSHGP to provide accurate updates on active projects, key staff, program objectives and major activities and reflect the current project situation. Please note that a few revisions have been made to the entry form. Since the form periodically undergoes revisions, it is important to update it at the time of preparing the Mid-term Evaluation report to ensure that the project's activities are accurately represented.

5. Send the CSHGP (address below) the original and one (1) copy of the Mid-Term Evaluation Report, and one diskette or CD of the Mid-Term Evaluation Report in Microsoft Word 2000. The original hard copy of the Mid-Term Evaluation Report should be double-sided and unbound. The copy of the report should be double-sided and bound. Scan and include all annexes in the electronic version.

> Susan Youll, CTO
> Attn: Aimee Rose, Program Assistant
> USAID/GH/HIDN/NUT/CSHGP
> 1300 Pennsylvania Avenue NW
> Room 3.7-74
> Washington, DC 20523-3700

6. Send CSTS+ (address below) a double-sided, unbound copy and an electronic copy (by email or diskette). If additional CATCH indicator information is available, then please send complete records for each CATCH indicator.

> Attention: Deborah Kumper, Administrative Assistant
> ORC Macro – Child Survival Technical Support Plus Project (CSTS+)
> 11785 Beltsville Drive

Calverton, MD 20705
Deborah.K.Kumper@orcmacro.com

7. Send one, double-sided, bound copy of the Mid-Term Evaluation Report to the relevant USAID Mission.

8. In accordance with USAID AUTOMATED DIRECTIVES SYSTEM (ADS) 540.5.2, please submit one electronic copy of the Mid-Term Evaluation Report to the USAID/PPC/CDIE Development Experience Clearinghouse (DEC). Please include the Cooperative Agreement number on the electronic Mid-Term Evaluation Report submission. Electronic documents can be sent as email attachments to docsubmit@dec.cdie.org. For complete information on submitting documents to the DEC, see http://www.dec.org/submit/.

II. THE MID-TERM EVALUATION REPORT

The mid-term evaluation provides an opportunity for all project stakeholders to take stock of accomplishments to date and to listen to the beneficiaries at all levels: including mothers and caregivers, other community members and opinion leaders, health workers, health system administrators, local partners, other organizations and donors. The mid-term evaluation provides an additional opportunity for the project to benefit from the outside viewpoint of a consultant who acts as facilitator of the evaluation process. Other PVOs and resource persons may also be invited to participate in the evaluation process.

The mid-term evaluation report shall address each of the following elements. If any of these items is not covered by the evaluation, please explain why. Except for the summary, redundant sections may be cross-referenced.

A. Summary

Provide a one-to-two page executive summary of the report that includes:

1. Brief description of the program and its objectives.
2. The main accomplishments of the program.
3. The overall progress made in achieving program objectives.
4. The main constraints, problems and areas in need of further attention.
5. A summary of the capacity-building effects of the program.
6. A summary of the prospects for sustainability, and progress to date on the preparation or implementation of a phase-out plan if appropriate.
7. A list of the conclusions and recommendations resulting from this evaluation.
8. The PVO's responses to the MTE evaluation recommendations.
9. An action plan, and revised work plan if needed, reflecting if and how the PVO will address recommendations from the MTE process.

B. Assessment of the progress made toward achievement of program objectives

The Detailed Implementation Plan (DIP), presented in the first year of the program is the official work plan of the program. This section of the mid-term evaluation report provides a clear picture of how well the program is implementing the work plan, how the program will build on its successes, what challenges it will face in the remaining life of the project and recommendations for addressing those challenges. The outline below provides guidance for the evaluation team for examining the program's technical child survival interventions, and for the approaches that cut across those technical interventions.

1. Technical Approach

    a. A brief overview of the project including program objectives, location, intervention mix, general program strategy. More detailed documentation may be provided in the annexes.

    b. Progress report by intervention area. This section describes:

      i. Activities related to specific interventions as proposed in DIP.
      ii. Progress toward benchmarks or intermediate objectives.
      iii. Effectiveness of the interventions.
      iv. Changes in the technical approaches outlined in the DIP and rationale.
      v. Special outcomes, unexpected successes or constraints.
      vi. Follow-up and next steps.

    c. Discuss any new tools or approaches the program is using; operations research or special studies that were conducted (indicate where complete study reports can be found); how the data and information have been used and what actions were taken.

2. Cross-cutting approaches (address each section as needed)

This section discusses progress on approaches that cross intervention areas and have, or will impact on project objectives. These are activities that may or may not have been articulated specifically in the DIP, but have emerged as critical activities in the program. In discussing cross-cutting activities, discuss the impact of the activities on the program. Examples of cross-cutting approaches include behavior-change strategies, community mobilization, partnership-building activities and training (e.g. negotiations, agreements achieved, linkages formed), outreach strategies, advocacy or community or awareness-building strategies, and strengthening information management systems. The evaluation team may discuss any other

cross- cutting activities that may be pertinent to the program. Also include modifications and explanations/rationale for those modifications, and cross-cutting activities added to the work plan.

Discuss progress made in relation to objectives and targets, methods and approaches, timing, key participants, geographical scope of activity, technical areas covered, etc. Describe how activities have had/will have:

> ➢ An effect or impact on the program.
> ➢ An impact on the lessons learned to date.
> ➢ Links to future activities.

The following are specific questions for several cross-cutting approaches.

a. Community Mobilization

  i. What kinds of community mobilization activities have been undertaken by the project?
 ii. To what extent has the community responded to these? More broadly, how is social cohesion or community capacity developing through or in parallel to project activities?
iii. How have these activities been used to refine program implementation plans?
 iv. What kinds of barriers exist to prevent members of the community from benefiting from the program, and how have these been addressed?
  v. What impact have community factors had on program implementation? What types of other factors in the political and socio-ecological environment (such as security, roads, competing community priorities, etc.) have impacted the project's ability to mobilize the community? What steps has the project taken to address these factors?

b. Communication for Behavior Change

  i. Is the program's approach to behavior change appropriate and effective? How is the program addressing current barriers to behavior change?
 ii. Are the messages technically up-to-date? Have any essential messages been omitted?
iii. How are BCC messages going beyond message dissemination to teach skills, negotiate changes and influence social and behavioral norms?
 iv. How are the effects of the behavior change activities being measured? What tools are used and are the tools appropriate and effective?
  v. Who uses the data gathered regarding the effects of behavior change activities? How have communities used these data to reinforce or promote other behavior changes?

vi. Has the program developed any innovative approaches that have been particularly successful in changing behavior amongst specific target groups?

c. Capacity Building Approach

Discuss the progress made in implementing capacity strengthening plans. This may include plans for the PVO, the public sector partners, NGOs and/or community-based partners. Discuss how this progress affects the project's vision of and plans for sustainability. Use the guidance below to assess the project's capacity building strategies.

i.   Strengthening the PVO Organization

- Describe progress towards achieving the capacity building objectives, indicators and targets.
- Describe the approaches and tools used to assess capacity and comment on the appropriateness of the tools to measure change in capacity over the life of the program.
- Include a description of activities related to organizational capacity building within the PVO at HQ and in the field.
- What indications do you see at this point that the program has increased organizational capacity?

ii. Strengthening Local Partner Organizations

- Discuss the organizational capacity building efforts with the local partners, and identify which partners are the main participants in capacity building activities.
- Briefly discuss the actual roles and responsibilities of each of the local partners and any changes that have occurred since these were articulated in the DIP.
- Describe the outcomes of any assessment, formal or informal, conducted at the outset of the project to determine the organizational capacities of your local partners.
- How have the organizational capacities of the local partner changed since the beginning of the project? What factors/interventions have most contributed to those changes?
- What are the primary challenges this project will face in further building the capacities of its partners?

iii. Health Facilities Strengthening

- Are the health facility strengthening activities of the program appropriate and effective?
- What tools does the program use for health facility assessments? Are the tools appropriate and effective?
- Discuss linkages between these facilities and the communities.

iv. Strengthening Health Worker Performance

- What is the approach to strengthening health worker performance?
- Has this been effective?
- What tools has the project used to assess performance and are they appropriate and effective for measuring change in the program time frame?
- How have assessment results been used to improve the quality of services?
- How is the program addressing the gaps between performance standards and actual performance?

v. Training

- Discuss the training strategy, and its effectiveness.
- What is the progress made towards objectives?
- What evidence is there that suggests that the training implemented has resulted in new ways of doing things, or increased knowledge and skills of the participants?

d. Sustainability Strategy

i. What is the progress to date in meeting sustainability objectives? What progress has been made on monitoring indicators (i.e. collection of data, etc)?

ii. How has the groundwork for the phase-out strategy been laid with project staff and local partners in the first two years of the project?

iii. What approaches has the project implemented to build financial sustainability-- (e.g., local level financing, cost recovery, resource diversification, corporate sponsorships)?

iv. What does the beneficiary community say about sustaining project services through alternative funding sources at the close of the project?

v. If the project used a formal sustainability design methodology (e.g., the CSSA) at the DIP stage, what progress has been made on the partner's and project's sustainability plans? What new insights have been gained through project implementation? How are the sustainability strategy and M&E plans evolving?

3. **Family Planning**

Programs implementing family planning activities (supported with 30% or 100% population funds) are asked to address the following:

a) Are adequate contraceptive supplies being maintained at service delivery points within the target area, both at the community level and at the facility level? Is the program taking the necessary steps, in collaboration with project stakeholders, to ensure that contraceptives and supplies are available?

b) Is knowledge about, and interest in, family planning increasing as a result to the program? Are identified barriers to family planning decreasing as a result of the program? If so, how? Is there evidence that family planning use is increasing?

c) Is the quality of family planning services improving in the target area? If yes, what are the factors that are influencing the quality of services?

d) Has access to family planning services increased as a result of the program activities? How and where is access to family planning increasing? What are the factors that are influencing access to family planning methods?

e) Is the program ensuring that a range of methods is being offered and that clients are being offered a choice of methods? What is the current method mix and has the mix changed since the start of the program?

f) Is the program in compliance with all of the prohibitions and restrictions related to USAID population funds, including the Mexico City Policy (relating to abortion) and the Tiahrt Amendment (relating to voluntarism and informed choice)?

g) Is the project making adequate progress in its development of a family planning-related OR, case study, etc. that would result in a lesson learned that would inform other PVOs implementing community-based FP programs and add to evidence of PVO contributions to the expansion of FP use?

C. **Program Management**

This section provides an overall discussion of program management issues, at HQ, within the field program, with partners and with the community. The objective is to assess the strengths and weaknesses of the management support systems, i.e., planning, financial management, information management, personnel management, supervision, training, logistics, etc. The aim is to identify specific ways in which the management support systems can function better.

1. **Planning**

   a. What groups have been involved in program planning?

    b. To what extent is the work plan submitted in the DIP on schedule?

    c. Are the program's objectives understood by: field staff and headquarters staff, local level partners, the community?

    d. Do all parties have a copy of the program's objectives and the monitoring and evaluation plan?

    e. To what extent are program monitoring data used for planning and/or revising program implementation?

2. Staff Training

    a. How effective is the process for continual improvement in the knowledge, skills and competencies of the program's staff, including needs assessment, training methods, content of training and follow-up assessment?

    b. How is trainee performance in new skill areas monitored?

    c. Are adequate resources dedicated to staff training?

3. Supervision of Program Staff

    a. How effective is the process of directing and supporting staff so that they may effectively perform their duties? Include an assessment of supervisory leadership, methods, style, training, work planning and problem solving.

    b. Are the numbers, roles, and workload of personnel and frequency of supervisory visits appropriate for meeting the technical and managerial needs of the program?

4. Human Resources and Staff Management

    a. Comment on the program's personnel management system and any changes that have taken place since the DIP was submitted. Are all positions filled?

    b. Are key personnel policies and procedures in place and are there job descriptions for all positions in the PVO headquarters, field program and with partners collaborating on the project?

    c. Describe the morale, cohesion and working relationships of program personnel, and how this impacts program implementation.

    d. Describe the level of staff turnover in the program and its impact on program implementation. If this is an issue, what are the current strategies for staff retention?

    e. What plans does the project have for facilitating its staff's transition to other paying jobs when the project ends?

5. Financial Management

Discuss the management and accountability for program finances, budgeting and financial planning for sustainability of both the program and local partners.

6. Logistics

    a. What impact has logistics (procurement and distribution of equipment, supplies, vehicles, etc.) had on the implementation of the DIP?

    b. What logistics challenges will the program face during the remainder of the program?

7. Information Management

    a. Is there a system in place to measure progress towards program objectives? How effective is this system?

    b. Is there a systematic way of collecting, reporting and using data at all program levels?

    c. What types of data are generated? What is the frequency and method(s) of data analysis? Who is involved in collection and analysis of data?

    d. Describe the extent to which the program is using and supporting other existing data collection systems (i.e. government).

    e. How does the program use data to inform management decision-making?

    f. Discuss the purpose, methods, findings and use of any assessments (mini surveys, focus groups, etc.) conducted by the program.

8. Technical and Administrative Support

    a. Discuss the types and sources of external technical assistance the program has received to date, and how timely and beneficial this assistance has been.

    b. What are the anticipated technical assistance needs of the program in the remaining life of the program?

    c. Discuss PVO headquarters and regional support of the field program. Approximately how much time has been devoted to supporting this program?

9. Mission Collaboration

CSHGP is placing increased emphasis on coordination with USAID Missions and their bilateral programs for improved in-country complementarily of programming. Please describe collaboration with the USAID Mission, particularly related to the role this project plays in contributing to the Mission's overall health objectives. Discuss how the project collaborates with or complements mission bilateral programs. Include information the frequency and nature of interactions with Mission personnel, any joint planning activities with the Mission, and use of project results and lessons learned by the Mission and its partners.

D. Other Issues Identified by the Team

Discuss additional issues identified by the team during the course
of the evaluation.

E. Conclusions and Recommendations

This section presents the main conclusions based on this mid-term
evaluation. It should outline the recommendations for
USAID/GH/HIDN/NUT/CSHGP, the program staff and collaborating
partners for the remaining life of the program.

F. Results Highlight - <u>One page "results highlight"</u> [Tear-out sheet]

If the program has some key issues, results or successes, or if the
program has identified a new methodology or process that has serious
potential for scale-up, please provide a **one-page highlight if
appropriate,** including 2 or 3 brief paragraphs of key results from
the program. Also, discuss how this would be of interest to the
greater development community. The highlight should include the
following information:

1. The problem being addressed (e.g. low immunization coverage)
2. The CSP input to address it (TA, logistics support, training,
   etc.)
3. The magnitude of the intervention (number of direct
   beneficiaries, percentage of population covered by CSP, etc.)
4. Some quantifiable or specific results (immunization increased
   from X% to X% in XX districts, a new policy enacted, or some
   other impact-oriented result).

Note: This information is helpful for the CSHGP in preparation for
the annual USAID Child Survival and Health Programs Fund Progress
Report to Congress. To the extent possible, please try to clearly
link the success story to one or more of the CSHGP's Intermediate
Results, which can be found at the CSHGP website at
http://www.usaid.gov/our_work/global_health/home/Funding/cs_grants/o
bjectives.html

**III. THE ACTION PLAN [To be completed by the PVO Program Team and
     submitted as a separate section in the Mid-term Evaluation
     Report]**

The action plan is an opportunity for the grantee along with its
local partners and stakeholders to respond to and implement the
recommendations and findings that emerge from the mid-term
evaluation. It is also an opportunity for further partnership
building and stakeholder capacity building. Encouraging local
actors to examine the situation, prioritize needs, and take
initiative for creative problem solving to improve their well-being
is an important step toward achieving sustainable outcomes. In
addition, the opportunity to have an exchange of ideas with others
who have wide involvement with child survival activities in

different places potentially makes the MTE a pivotal learning experience. While the MTE highlights the progress made towards results to date, innovative approaches and promising practices, uncovers areas of challenge where new approaches would be useful, evaluates concerns and suggestions of stakeholders at all levels, **the resulting Action Plan is constructed with a high degree of participation and consideration of many partners and stakeholders. Based on this plan of action, the grantee and program team may consider providing a revised work plan that builds on the MTE recommendations and findings.**

IV.ATTACHMENTS

A. Baseline information from the DIP

For this section, please indicate if substantial changes have been made since approval of the DIP. Also, describe these changes.

B. Evaluation Team Members and their titles

C. Evaluation Assessment methodology

Provide a brief discussion of the assessment methods used by the mid-term evaluation team to assess essential knowledge, skills, practices, and supplies of health workers and facilities associated with the program.

D. List of persons interviewed and contacted

E. Diskette or CD with electronic copy of the report in MS WORD

F. Special reports

If appropriate, include special reports or analyses produced by the program.

G. Project Data Sheet form – updated version